IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oscar Rochefort et al.

: Art Unit: 3754

Serial No.: 10/501,261

: Examiner: Nicolas, Frederick C.

Filed: March 7, 2005

:

For: CORRUGATED HANGING

DISPENSER

:

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:
 Transmittal (3 pages)
 Amendment in response to Office Action dated January 25, 2008 (9 pages)

STATUS

2. Applicant claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.130				
	apply.	(complete (a) o	r (b), as applicable)		
	(a) _	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)			
		Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)	
		first month	\$ 120.00	\$ 60.00	
		second month	\$ 460.00	\$ 230.00	
		third month	\$ 1,050.00	\$ 525.00	
		fourth month	\$ 1,640.00	\$ 820.00	
		fifth month	\$ 2,230.00	\$1,115.00	
			Fee:	\$	
If a	ın additiona	l extension of time is required, pl	ease consider this a pe	etition therefor.	
(Check and complete the next item, if applicable)					
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.					
	Extension fee due with this request \$				
		OR			
	(b) 🔀	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.			

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: OTHER THAN (Col. 3) SMALL ENTITY SMALL ENTITY (Col. 1) (Col. 2) CLAIMS REMAINING HIGHEST NO. ADDITIONAL. ADDITIONAL **PREVIOUSLY** PRESENT **AFTER** RATE FEE OR RATE FEE **EXTRA** AMENDMENT PAID FOR x \$50.00 = \$MINUS x \$25.00 = \$TOTAL x \$105.00 = \$x \$210.00 = \$INDEP. MINUS + \$370.00 = \$ + \$185.00 = \$ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM TOTAL ADDITIONAL TOTAL ADDITIONAL OR FEE FEE \$ No additional fee for Claims is required (a) \bowtie OR Total additional fee for claims required \$_____ (b) FEE PAYMENT 5. Attached is a check in the sum of \$_ Charge Deposit Account No. 01-2384 the sum of \$____. A duplicate of this transmittal is attached. FEE DEFICIENCY If any additional extension and/or fee is required, charge Deposit Account No. 6. \boxtimes 01-2384. AND/OR If any additional fee for claims is required, charge Deposit Account No. 01- \boxtimes 2384. 7. Other: Daniel M. Fitzgeral

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